2160 ⁻ 9878 ⁻	19696 1		State of Ne		Motor	Vel	hicle	• A	ccid	er	nt Re	eport	,	Shee	et _1	of _	2	
2	Total Nu		Local No./ Agency								HIT & RUI	١ .	INVESTIGATION MADE AT SCENE?					
A/1	of Vehic		District 084 Case No. B6-042449								YES	Itary Time)	X YES NO STATE USE ONLY			NO	1	
01	DATE OF ACCIDENT		5/2016	N TH F	F S	TIME C	DF	1510	nary rime)	01/112 00	_ OIVE							
A/2								ACCIDENT POLICE										
	PLACE OF	COUNTY	Lancast	er					NOTIF	IED	1512		05/15	:/201	16			
В	ACCIDENT CITY Lincoln							PRIVATE YES NO PROPERTY?					05/15/2016 LATITUDE					
64	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. K Street								ONE-WAY YES NO STREET?									
с 1	DISTANCE	FROM	FEET	N	S E W OF	EPOST	HIGHWAY NO.					<u> </u>	LONGITUE	1				
D	MILEPOST MILEPOST IF AT INTERSECTION							IF NO	T AT IN	ΓERS	ECTION							
1	NAME OF INTERSECTING ROADWAY						X FEET MILES N S E					EAREST STREE	T, BRIDGE	, BRIDGE, RAILROAD CROSSING				
V1/M				19.										t				
10	MILES		N S E	w AND	VAS OUTSIDE C			W OF	NEAREST		ROM NEAF	REST TOWN						
V2/M 01				MILES				CIT	Y OR TOV	VN								
E	R. WORK ZONE		R2 R3 R4	S. PEDES	STRIAN S1	S2	S3 S	54 S5-	a S5-b	S6-a	a S6-b	DOES ACCID						
2	CODES	1		CODES								○YE	s 🗶	> NO]	
F	DDIVED					VE	HICLE N	NO. 1				STATE		$\overline{}$	~		-	
1	DRIVER LICENSE	ا	NO. H13545	5126					Триоме			(Of License)	NE	SE		MALE		
V1/N	SERNA		AYUSOE						336		9569		LOCAL N	J.				
1 V2/N	1014 A		T 2, LINCOI	N. NE 6	CITY, STATE, 8502	ZIP			•			DATE OF BIRTH (MM / DD / YYYY	12/20)/19	88		V1/1	
1	OWNER								PHONE 224		0560	(WINT DD / TTT	LOCAL N	Э.			18 V1/2	
G	OWNER ADDRI	SERNAY THAYUSOE WINER ADDRESS CITY, STATE, ZIP CITATION NO. LIBEROSCALA LIBEROSCALA LIBEROSCALA CITATION NO. LIBEROSCALA CITATION NO. LIBEROSCALA										V 1/2						
4	1014 A STREET #2, LINCOLN, NE 68502 PENDING NO LB510634										V1/3							
н 5	PLATE	PA	NO. TGU880		luone		To.	000/000		(Pl	ate Expires)	2016	STIMATED I	(Of PI	late)	NE	V1/4	
V1/O	VEHICLE		YEAR 2007	Toyota	YAF			30DY STY	r Sed	an	blue		TOTALE)	V 1/4	
2	VEHICLE ID NO. (V/N) JTDBT923771081658 INSURANCE COMPANY PROGRESSIVE											V1/5						
V2/O 2	TOWED TO				TOWED BY						POLICY NO						18 V1/6	
						VE	HICLE N	NO. 2			3010	22990					25	
1	DRIVER LICENSE		NO. H13335	390								STATE (Of License)	NE	SI	x X	FEMALE		
V1/P	DRIVER KEVIN L TOMES							PHONE 4029888466						LOCAL NO.				
1 V2/P	DRIVER ADDRESS CITY, STATE, ZIP DATE OF										V2/1 18							
1	939 S 11TH STREET #F, LINCOLN, NE 68508							PHONE					12/13/1992 LOCAL NO.				V2/2	
J	RAWLEY TOMES / JAN TOMES OWNER ADDRESS CITY, STATE, ZIP								4029888465					02-19-1955 S CITATION NO.				
01	23901 S 148TH STREET, ADAMS, NE 68301											NG XNO	CHAHON	INO.			V2/3	
V1/Q	LICENSE PLATE	PA	NO. STT322							(PI	YEAR ate Expires)	2016		STA (Of Pl	TE late)	NE	V2/4	
4 V2/Q	VEHICLE	YEAR		Ford	MODEL T A I	URUS	I	A doc	r Sed	an	color	E	STIMATED I	DAMAG	2500)	V2/5	
4	VEHICLE ID	15/	AFP532X2A		17	UNUS	<u>'</u>	4 000	n Seu	ali	INSURANC	E COMPANY		υ Ψ			18	
К	NO. (VIN) TOWED TO	IFF	AFF33ZAZA	179002	TOWED BY						POLICY NO	TE FARM					V2/6	
01												572D0827	A	2	3	4 5	25	
			lete this se plete a continuati									DD / YYYY)	Seat Position	Figet		Injury Sev. Trai	SEX	
VEH. #	NAME			AD	DRESS													
	LOCAL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME				EMS RU	EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS									_								
· = · · · · #																		
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SER	VICE NAM	IÉ				EMS RU	N REPO	ORT NO.			
VEH. #	NAME		I	AD	DRESS		I											
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SERV	VICE NAM	1E				EMS RU	N REPO	DRT NO.			
			1										1	1				

				THE FC	DLLOWIN	IG INFOR	RMATIO	N IS REQUIRED FO	OR ALL ACCIDENT	rs			
					INDICATE BY DIAGRAM WHAT HAPPENED AGENCE B6-								
(•					<u> </u>			
	ndic Nor	h											
					N N I O.I.								
			. 19:	r 2' W of W Cu 13' S of N C	rb of S 14		1					•	
	To S 1						_		T <u>o S</u>	eet	•		
								P.O.I.			_ ·		
													-
		•		=				K Street		_↓.			
			All me	asurements	are approx	ximate							
				Not To S	Scale								
Ę	12 ct	atad h	e was ER on K	Street between				BASED ON OFFICER'S IN et in the second lane sout		tated V/1 v	vae laavii	ng the lo	t of 440
	OBJEC	T DAM <i>A</i>	GED	OWNER NAME			ADDRESS		PHONE		APPRO	X. COST OF	DAMAGE:
ERT				OWNER WANTE			ADDITEGO		\$				
\vdash		T DAMA	GED	OWNER NAME							\$	X. COST OF	DAMAGE
WITNESSES	NAME						ADDRESS			PHONE	NE		
MITNE	NAME						ADDRESS			F	PHONE		
			MOVEMENT E COLLISION			MPACT AND		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOT			VEH 1
VEH NO.	N S	S E W	ROAD OR HIGHWAY NAME	(Ente		for each veh		4	2	ALCOI	IOL Driv		
1			K STREET	VEHI	CLE 1	VEHIC	LE 2	4	2	ALCOH	ol Y	Y Y	Y
2		X	K STREET	POINT OF IMPACT	02	POINT OF IMPACT	07	1 Deployed - front 2 Deployed - side	1 None used - vehicle occupar 2 Lap & shoulder belt used	-	D N	X N X	N
1	06	;	06 Turning left 07 Making U-tui	MOST DAMAGED AREA	02	MOST DAMAGED AREA	07	3 Deployed - side 4 Not deployed	3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used	BAC LE		Driver	
	01 Essen	tially	08 Entering traffic lane 09 Leaving	00 None 09 Top & v	02	2 03	04	5 Not applicable/No airbag available6 Unknown	ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected				
02 I 03 (04 (Backir Chanç Overta Passir	ing lan king/ g	10 Parked es 11 Slowing or stopped in tr 12 Other	10 Underca 11 Total (a 12 Other	٠ ٠١	B 07	05	VEHICLE 2	VEHICLE 2 VEHICLE 2				ected
OFF	IURNIN ICER 686		13 Unknown	TROOP/ TEAM/ BEAT CE	<u> </u>		DEPARTM		Photographs YES taken? NO				
ı			IAME (Print or Type) Schiefelbeir				ATOR SIGNA	<u> </u>	DATE (